

Glossary of Terms

As used in this document, unless otherwise provided or the context otherwise requires, the following definitions of terms will govern the construction of this document:

Administrative Bulletin	Bulletins released to all potential Applicants who have submitted Mandatory Letters of Intent and may include addenda and/or additional information and/or data.
Applicant	A sole proprietorship, firm, partnership, corporation, or any other business venture that responds to an RFA by submitting a response to the contracting agency.
Application	The term used synonymously with the RFA response. A potential Contractor's presentation of proposed activities and/or actions, including recommended approaches or methods to solve or meet a service need, submitted in response to the RFA issued by the State.
Attachments	Unique materials relating to the contract and incorporated by reference.
Attestation of Understanding/Agreement	A Contractor's formal declaration of the terms requested and required by the RFA.
Attorney General	The name commonly used to refer to any of the deputies on the staff of the Office of the Attorney General of the State of California.
Beneficiary	A person who is determined eligible for the Medi-Cal or other special health care (non-managed care) programs.
Biller (Billing Agent, Third Party Billing Agent)	"Biller" includes any employee, officer, agent or director of the entity, which will bill on behalf of a contractor pursuant to a contractual relationship with the contractor, which does not include payment to billers on the basis of a percentage of amount billed or collected from Medi-Cal (Title 22, California Code of Regulations, Section 51502.1, Requirements for Electronic Claims Submission (a) (1)).
Carrier	Any insurer, including private company, corporation, mutual association, trust fund, reciprocal or inter-insurance exchange authorized under the laws of California to insure persons against liability or injuries caused by another.

Clinical Laboratory or Laboratory	“Clinical Laboratory” or “Laboratory” means any place used, organized, or operated, for the examination, detection, identification, measurement, or enumeration of any particular entity or substance, which consists of materials derived from the human body for the purpose of providing information for diagnosis, prevention, or treatment of any disease or impairment of, or the assessment of the health of, human beings, or used as an aid in the prevention, prognosis, monitoring, or treatment of a physiological or pathological condition in a human being (Title 22, California Code of Regulations, Section 51137).
Clinical Laboratory Improvement Amendments (CLIA)	For purposes of this chapter, "CLIA" means the federal Clinical Laboratory Improvement Amendments of 1988 (42 U.S.C. Sec. 263a; P.L. 100-578) and the regulations adopted thereunder by the Centers for Medicare and Medicaid Services (CMS) and effective on January 1, 1994, or any later date, when adopted in California pursuant to subdivision (b) of Section 1208.
Contract	A legally binding agreement between the State and another entity, public or private, for the provision of goods or services.
Contract Effective Date	The date upon which the terms of the contract go into effect. The date is specified in the contract on the standard contract form.
Contract Requirement/Deliverable	Any service, deliverable or other duty that the Contractor is required to provide or perform under the terms of the contract.
Contract Term	Used to identify the starting and ending date of the contract and/or the time allowed for the performance and completion of the contract.
Contractor	The individual, company, public entity, or organization that has been awarded a contract.
Current Procedural Terminology, Fourth Edition 2003 (CPT® Code/ CPT-4 Code)	2003 American Medical Association list of descriptive terms and identifying codes for reporting medical services and procedures performed by physicians. Commonly referred to as CPT.
Data	Facts, or a collection of facts, used to make a judgment.

Department of Health Services (DHS)	The single State agency responsible for administration of Medi-Cal, Medi-Cal Managed Care, County Medical Services, California Children Services, and other related programs.
Department Representative	An individual assigned by the Director to act in the Department's interest.
Fee-For-Service (FFS)	A method of charging the Medi-Cal program for specific services provided to an eligible Beneficiary.
Key Indicators	Indicators that reflect issues critical to the outcome, that affect a large proportion of the laboratory's patients, or that have been problematic in the past.
Letter of Intent (Mandatory)	A letter sent to the State by a potential Applicant notifying DHS of the Applicant's intention to participate in the RFA process..
Licensed Practitioner	This individual is legally authorized within the scope of practice as defined by California law to order clinical laboratory tests or examinations for the purpose of providing information for diagnosis, prevention, or treatment of any disease, injury or impairment of, or the assessment of the health of human beings, or used as an aid in the prevention, prognosis, monitoring, or treatment of a physiological or pathological condition or illness in a human being (Title 22, California Code of Regulations, Section 51311(a)).
Medicaid (Title XIX)	The program authorized by Title XIX of the Social Security Act to provide medical benefits for certain low-income persons.
Medi-Cal Program	Medicaid Program administered by the State of California per Title XIX Federal Medical Assistance Program to provide Federal and State financial assistance for the health and medical care of needy persons meeting program eligibility requirements.
Medicare (Title XVIII)	The program authorized by Title XVIII of the Social Security Act of 1965 to provide payment for health services to the population aged 65 and over.
Office of Medi-Cal Procurement (OMCP)	The office responsible for all DHS Medi-Cal related procurements.
Proprietary	Ownership such as held under patent, trademark, or copyright. The term can include information (contract data) which is unique to a company and which, in the hands of a competitor, would be detrimental to the company.

Provider	Any individual, partnership, provider group, association, corporation, institution, or entity, and the officers, directors, employees, or agents thereof, that provides services, goods, supplies, or merchandise, directly or indirectly, to a Medi-Cal beneficiary, that meets the Standards for Participation specified in Article 3 (commencing with Section 51200), and that has been enrolled in the Medi-Cal program (Title 22, California Code of Regulations, Sections 51000.1 through 51000.55 and 51051).
Redacted Application	A application that has been selected or adapted for publication. For purposes of this RFA, this is a copy of the application that has been edited by blackening out personal information and corporate proprietary information so that the public may not view these items.
Request for Application (RFA)	The solicitation document that describes the qualification requirements, performance specifications, time frame, and other requirements and asks the applicants to describe how they would accomplish the contract objectives.
Sanctioned	Individual who has been subjected to any suspension, whether temporary or not, any withhold of payments or the imposition of any fines or penalties.
Scope of Work	Work activities, actions to be performed, deliverables to be supplied, methods and approaches to be used, and expected objectives and outcomes to be achieved under a contractual agreement.
Third Party Payor	A third party payor is the entity that pays for services provided to a Beneficiary.
Title XVIII	The Title of the Social Security Act that authorizes the Medicare program.
Title XIX	The Title of the Social Security Act that enacted Medicaid in 1965.
Title 22	Title 22, Division 3, California Code of Regulations contains the rules and regulations governing the Medi-Cal program. These regulations define and clarify the provisions of the State statute, primarily the Welfare and Institutions Code.

Welfare and Institutions Code	The California code that includes the laws that govern the Medi-Cal Program.
World Health Organization's Ninth Revision, International Classification of Diseases Clinical Modification (ICD-9/ICD-9-CM)	ICD-9-CM is the official system of assigning codes to diagnoses and procedures associated with hospital utilization in the United States and is used to code and classify morbidity data from the inpatient and outpatient records, physician offices, and most National Center for Health Statistics (NCHS) surveys. Commonly referred to as ICD-9.